

Interested in Part D Contractors
Organization Name:
Address:
Contact Person:
Phone Number :
E-mail address:
Website:
<b>Please select one of the following categories:</b>
Pharmacy
<input type="checkbox"/> Long-Term Care
<input type="checkbox"/> Home Infusion
<input type="checkbox"/> I/T/U
<input type="checkbox"/> Mail Order
<input type="checkbox"/> Retail
<input type="checkbox"/> 340B, FQHC, or other safety-net provider
Consultants/Implementation Contractor
<input type="checkbox"/> Accounting/Business Services Firm
<input type="checkbox"/> Actuarial Service Firm
<input type="checkbox"/> Call Center
<input type="checkbox"/> Information Technology Firm
<input type="checkbox"/> Law Firm
<input type="checkbox"/> Marketing Firm
<input type="checkbox"/> Pharmacy Benefit Management
<input type="checkbox"/> Other
<input type="checkbox"/> Pharmaceutical Manufacturer
<input type="checkbox"/> Other

Note: CMS will not post information that does not come back on the above chart,

unless special arrangements have been made with Trish Axt at [TAxt@cms.hhs.gov](mailto:TAxt@cms.hhs.gov) or

Lisa Mack at [MMack@cms.hhs.gov](mailto:MMack@cms.hhs.gov)